



# General Construction Community Minor Maintenance

## New York State Vendor Responsibility

### CORPORATE HEADQUARTERS

515 Broadway  
Albany, New York  
12207-2964

T 518.257.3000  
F 518.257.3100

### NEW YORK OFFICE

One Penn Plaza, 52nd Fl.  
New York, New York  
10119-0098

T 212.273.5000  
F 212.273.5121

### BUFFALO OFFICE

539 Franklin Street  
Buffalo, New York  
14202-1109

T 716.884.9780  
F 716.884.9787

[www.dasny.org](http://www.dasny.org)

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## NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT CONSTRUCTION (CCA-2)

The New York State Vendor Responsibility Questionnaire For-Profit Construction, commonly known as the “CCA-2,” must be completed **online using the [New York State VendRep System](#)**.

### COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or official must certify the questionnaire and the signature must be notarized.

### NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the OSC Help Desk at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us) or call 866-370-4672.

### DEFINITIONS

All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” found at <http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

### RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).



# General Construction Community Minor Maintenance

## Sample Agreement

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**NEW YORK**  
STATE OF  
OPPORTUNITY™

**DASNY**

**General Construction Community Minor Maintenance  
GCCMM**

**Contract No. -----**

**Region No. ----- : ----- Counties**

**CR ---**

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## Agreement

GC MM Contract No. -----  
Region No. -- -- -----

This Agreement made as of the ----- day of ----- 20-----, by and between the DASNY, a public benefit corporation and public authority established by the Public Authorities Law of the State of New York, hereinafter referred to as the "OWNER" and -----, a business corporation organized and existing under the laws of the State of New York, hereinafter referred to as the -----Contractor for the Work at various locations within Region No. -- as defined in the Form of Bid.

WITNESSETH: That the OWNER and the Contractor for the consideration named agree as follows:

1. The Contractor shall Provide and shall perform all Work of every kind and nature whatsoever required and all other things necessary to complete in a proper and workmanlike manner the work of **Work Order Contract No. ----- Region No. ----- Contractor CR No-----** in strict accordance with the Contract Documents as defined in the General Conditions, and shall perform all other obligations imposed on such Contractor by the Contract.
2. The Contractor agrees to Provide the Work of the Contract Documents and perform the tasks required by each individual Work Order issued pursuant to this Contract, which sum shall be deemed to be in full consideration for the performance by the Contractor of all the duties and obligations of such Contractor under the Contract using the following:

Contractor shall procure the identified scope of work for a lump sum price multiplied by the following multiplier of:

\_\_\_\_\_. \_\_\_\_\_  
(Specify to two decimal places)

The Minimum Contract Value will be \$10,000. The Contractor is guaranteed to receive Work Orders totaling at least \$0.00 issued during the contract period. Funds will be obligated for the contract as Work Orders are issued.

The Maximum Contract Value is \$80,000 The Contractor will not be issued Work Orders exceeding the Maximum Contract Value. However, the Contractor is not guaranteed to receive this volume of Work. The Owner has no obligation to issue Work Orders in excess of the Minimum Contract Value.

4. The term of the Contract is two years from the issuance of a notice of contract award or when the Maximum Contract Value has been ordered, whichever occurs first. There is a two (2) year option period.

**Option Period:** Both the Authority and the Contractor must mutually agree to extend the contract for the option period. The term of the option period is two years or when the Maximum Contract Value, or revised Maximum Contract Value, is ordered, whichever occurs first.

5. The Contractor shall commence and complete the work of each Work Order at the times specified in the Work Orders issued by the Owner and shall achieve Substantial Completion at the time specified in the Work Orders. The Contractor shall pay liquidated damages to the OWNER, as and if specified by the Owner for each Work Order for each and every day the Contractor fails to achieve Substantial Completion of the Work.

**Signatures**

**IN WITNESS WHEREOF**, the OWNER has executed this Contract No. ----- on the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

Dormitory Authority  
515 Broadway  
Albany, New York 12207

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**IN WITNESS WHEREOF**, the Contractor has caused this Contract No. ----- to be signed by its duly authorized officer on the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

If a **corporation**, signer must be President, Vice-President or other authorized officer.  
If a **Limited Liability Company (LLC)**, signer must be a member or manager.  
If a **Limited Liability Partnership (LLP)**, signer must be a partner.  
If a **Limited Partnership**, signer must be a partner.  
If a **general partnership**, signer must be a partner.  
If a **sole proprietorship**, signer must be the owner.

**ACKNOWLEDGEMENT OF DORMITORY AUTHORITY OFFICER EXECUTING AGREEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 2017, before me personally came LOUIS R. CIRELLI, JR. to me known, who, being by me duly sworn, did depose and say that he resides at Schenectady, New York, that he is the Director, Procurement of Dormitory Authority, the corporation described in and which executed the above instrument; and that he signed his name thereto by order of the Board of Directors of said corporation.

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGEMENT OF CONTRACTOR EXECUTING AGREEMENT  
IF A CORPORATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_ in the year 2017, before me personally came \_\_\_\_\_,  
to me known, who, being by me duly sworn, did depose and say that he/she resides at:  
\_\_\_\_\_ that he/she is the \_\_\_\_\_ of  
\_\_\_\_\_, the corporation described in and which  
executed the foregoing instrument; and that he/she signed his/her name thereto by authority of the Board  
of Directors of said corporation.

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGEMENT OF CONTRACTOR EXECUTING AGREEMENT  
IF A PARTNERSHIP, LIMITED LIABILITY COMPANY OR INDIVIDUAL**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_ in the year 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**Iran Divestment Certification**

1. By signing this certification and by signing Contract No. -----, each person and each person signing on behalf of any other party certifies, and in the case of a joint bid or partnership each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each person is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the State Finance Law.
  
2. Contract means the contract between the Dormitory Authority of the State of New York ("DASNY") and ----- ("Contractor") for the Work Order Contract No. ----- Region No. -- ----- Contractor CR - --.
  
3. This certification is part of Contract No. ----- and is subscribed by and affirmed by the person entering into Contract No. ----- as true under the penalties of perjury.

Contractor Name: -----

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



# General Construction Community Minor Maintenance

## Insurance Forms

### **CORPORATE HEADQUARTERS**

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# FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Agent or Broker	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No):
INSURED  Your Name	E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A:	Your Insurance Company
	INSURER B:	Your Insurance Company
	INSURER C:	Your Insurance Company
	INSURER D:	Your Insurance Company
	INSURER E:	Your Insurance Company
	INSURER F:	Your Insurance Company

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			XYZ-123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Include Independent Contractors						PERSONAL & ADV INJURY \$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$ 2,000,000							
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	<b>AUTOMOBILE LIABILITY</b>			ABC-345	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		LLL-555	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ As Needed	
	<input checked="" type="checkbox"/> EXCESSLIAB						<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	AGGREGATE \$
	DED	RETENTION \$						
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCB-678	MM/DD/YY	MM/DD/YY	WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
E	Builder's Risk - REQ. FOR: GOSR, OMH, OPWDD, OASAS, NYCHA			MCK-777	MM/DD/YY	MM/DD/YY	WORK ORDER Value	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DASNY Contract No: 3111209999 CR#  
Project Name: General Construction Community Minor Maintenance - Region#

The following are Additional Insureds as respect to this project: the Dormitory Authority-State of New York; the State of New York; New York State Department of Mental Hygiene (DMH) - Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD) & Office of Addiction Services and Supports (OASAS) and SUNY. Proof of 30 Days Notice of Cancellation in favor of the Dormitory Authority of the State of New York is required for all insurance policies FOR NYCHA: NYCHA must also receive 30 Days Notice of Cancellation

**CERTIFICATE HOLDER****CANCELLATION**Dormitory Authority- State of New York  
Attn: Risk Management  
515 Broadway  
Albany, New York 12207

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Your Agent/Broker Representative

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**DASNY**

**ALFONSO L. CARNEY, JR.**  
Chair

### **Contract Requirements for Additionally Insured**

**City University of New York (CUNY)** - Certificates should name the City University of New York, the City University Construction Fund, the Construction Manager and the Dormitory Authority of the State of New York as additional insureds.

**New York State Department of Health (DOH)** - Certificates should name the New York State Department of Health, the State of New York, the Construction Manager and the Dormitory Authority of the State of New York as additional insureds.

**New York State Department of Mental Hygiene: Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD) and Office of Addiction Services and Supports (OASAS)** - Certificates should name the State of New York, the Construction Manager (when applicable) and the Dormitory Authority of the State of New York as additional insureds.

**Office of Court Administration (OCA)** - Certificates should name the State of New York, The Unified Court System of New York, the City of Albany, the Construction Manager and the Dormitory Authority of the State of New York as additional insureds.

**State University of New York (SUNY)** - Certificates should name the State University of New York, the State of New York and the Dormitory Authority of the State of New York as additional insureds.

**Housing Trust Fund Corporation (HTFC)** - Certificates should name the Housing Trust Fund Corporation (HTFC), the Governor's Office of Storm Recovery (GOSR), the project specific municipality (village and/or town), the State of New York, the Construction Manager (if applicable), and the Dormitory Authority of the State of New York as additional insureds.

**New York City Housing Authority (NYCHA)** - Certificates should name the State of New York, the New York City Housing Authority (NYCHA), the New York State Division of Housing and Community Renewal (DHCR), and, the Construction Manager (if applicable), and the Dormitory Authority of the State of New York (DASNY) as additionally insured.

**New York State Department of Environmental Conservation (NYSDEC)** - Certificates should name the New York State Department of Conservation (NYSDEC), the State of New York, the Construction Manager (if applicable), and the Dormitory Authority of the State of New York as additional insureds.

**PAYMENT BOND**

KNOW ALL PERSONS BY THESE PRESENTS, that we:

\_\_\_\_\_ as Principal,  
(Legal title of the Contractor)

\_\_\_\_\_  
(Street, City, State, Zip Code)

and \_\_\_\_\_ as Surety  
(Legal title of Surety)

\_\_\_\_\_  
(Street, City, State, Zip Code)

are held and firmly bound unto the Dormitory Authority - State of New York, 515 Broadway, Albany, New York 12207, as Obligee, hereinafter called Owner, in the amount of:

\_\_\_\_\_ and \_\_\_\_\_/100 Dollars  
(Written Dollar Amount)

(\$ \_\_\_\_\_)  
(Figure Dollar Amount)

WHEREAS, CONTRACTOR has by written agreement dated \_\_\_\_\_ entered into a Contract with Owner for General Construction Community Minor Maintenance

Contract Number: \_\_\_\_\_

Work Order or Supplemental Work Order Number: \_\_\_\_\_

in accordance with the Contract Documents and any changes thereto, which are made a part hereof, and are hereinafter referred to as the Contract.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if the Principal shall promptly make payment to all claimants as hereinafter defined, for all labor and material used or reasonably required for use in the performance of the Work Order or Supplemental Work Order, then this obligation shall be void; otherwise such obligation shall remain in full force and effect, subject, however, to the following conditions:

- 
- A. A claimant is defined as one having a direct contract with the Principal or with a Subcontractor of the Principal for labor, material, or both, used or reasonably required for use in the performance of the Contract, labor and material being construed to include that part of water, gas, power, light, heat, oil, gasoline, telephone service or rental of equipment directly applicable to the Contract.
- B. The above named Principal and Surety hereby jointly and severally agree with the Owner that every claimant as herein defined, who has not been paid in full before the expiration of a period of ninety (90) days after the date on which the last of such claimant's work or labor was done or performed, or materials were furnished by such claimant, may sue on this bond for the use of such claimant, prosecute the suit to final judgment for such sum or sums as may be justly due claimant, and have execution thereon. The Owner shall not be liable for the payment of any costs or expenses of any such suit.
- C. No suit or action shall be commenced hereunder by any claimant:
1. Unless claimant, other than one having a direct contract with the Principal, shall have given written notice to any two (2) of the following: 1) the Principal, 2) the Owner, or 3) the Surety above named, within ninety (90) days after such claimant did or performed the last of the work or labor, or furnished the last of the materials for which said claim is made, stating with substantial accuracy the amount claimed and the name of the party to whom the materials were furnished, or for whom the work or labor was done or performed. Such notice shall be served by mailing the same by registered mail or certified mail, postage prepaid, in an envelope addressed to the Principal, Owner, or Surety, at any place where an office is regularly maintained by said Principal, Owner, or Surety for the transaction of business, or served in any manner in which legal process may be served in the State of New York.
  2. After the expiration of one (1) year following the date on which Principal ceased work of said Contract, however, if any limitation embodied in this bond is prohibited by any law controlling the construction hereof such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.
  - 3.. Other than in a New York State court of competent jurisdiction in and for the county or other political subdivision of the State in which the project, or any part thereof, is situated, or in the United States District Court for the district in which the project, or any part thereof, is situated, and not elsewhere.
- D. The penal sum of this Bond is in addition to any other Bond furnished by the Contractor and in no way shall be impaired or affected by any other Bond.

E. The amount of this Bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of Mechanics' Liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against this Bond.

Signed as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

IN THE PRESENCE OF:

_____ (Principal)	_____ (Surety)
_____ (Signature)	_____ (Signature)
_____ (Title)	_____ (Title)
_____ (Street Address)	_____ (Street Address)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
_____ (Phone Number)	_____ (Phone Number)
_____ (Fax Number)	_____ (Fax Number)
_____ (Email Address)	_____ (Email Address)

---

ACKNOWLEDGEMENT OF CONTRACTOR EXECUTING BID BOND  
IF A CORPORATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_, before me personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that he/she resides at:

\_\_\_\_\_  
(street, city, state, zip code)

that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the foregoing instrument; and that he/she signed his/her name thereto by authority of the Board of Directors of said corporation.

\_\_\_\_\_  
Notary Public

ACKNOWLEDGEMENT OF CONTRACTOR EXECUTING BID BOND  
IF A PARTNERSHIP, LIMITED LIABILITY COMPANY OR INDIVIDUAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

ACKNOWLEDGEMENT OF SURETY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_, before me personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that he/she resides at:

\_\_\_\_\_  
(street, city, state, zip code)

that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the foregoing instrument; and that he/she signed his/her name thereto by authority of the Board of Directors of said corporation.

\_\_\_\_\_  
Notary Public



**DORMITORY AUTHORITY - STATE OF NEW YORK**  
**Office of Opportunity Programs**

UPSTATE: 515 Broadway \* Albany, NY 12207-2964 \* Phone: (518) 257-3706 Fax: (518) 257-3100

DOWNSTATE: One Penn Plaza, 52<sup>nd</sup> Floor \* New York, NY \* 10119-0098 \* Phone: (212) 273-5038 Fax: (212) 273-5121

**SCOPE VERIFICATION FORM**

*This form must be submitted with the Utilization Plan for each MWBE subcontractor listed on the Utilization Plan and each Service-Disabled Veteran Owned Business (SDVOB). Failure to submit will delay acceptance of the Utilization Plan and award of the Contract.*

<b>A. PROJECT INFORMATION</b>	
Facility:	Project No:
Contract/Bid No:	Work Authorization (if applicable):

<b>B. PRIME CONTRACTOR</b>	<b>C. M/WBE SUBCONTRACTOR</b>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>
COMPANY:	COMPANY:		
CONTACT:	CONTACT:		
TELEPHONE:	TELEPHONE:		
E-MAIL:	E-MAIL:		

<b>D. SDVOB SUBCONTRACTOR</b>
COMPANY:
CONTACT:
TELEPHONE:
E-MAIL:

**E. MWBE SUBCONTRACTOR SCOPE OF SERVICES**

*In the box below, provide a detailed scope of services to be performed by the proposed M/WBE Subcontractor listed above.*

<b>CSI Number</b> (Must be 6 Digits)	<b>DESCRIPTION OF WORK</b>	<b>CONTRACT AMOUNT</b>



**DORMITORY AUTHORITY - STATE OF NEW YORK**  
**Office of Opportunity Programs**

UPSTATE: 515 Broadway \* Albany, NY 12207-2964 \* Phone: (518) 257-3706 Fax: (518) 257-3100

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**F. SDVOB SUBCONTRACTOR SCOPE OF SERVICES**

*In the box below, provide a detailed scope of services to be performed by the proposed SDVOB Subcontractor listed above.*

CSI Number (Must be 6 Digits)	DESCRIPTION OF WORK	CONTRACT AMOUNT

The official schedule of values for the above scope of services must be submitted along with the applicable subcontract agreement within 30 days of contract award. Failure to do so may delay future payment requisitions.

Contractor will notify and obtain written approval from DASNY for any changes in this Scope Verification Form.

Contractor and M/WBE Subcontractor certify that M/WBE Subcontractor will perform the above scope of work and will not subcontract its work, in whole or in part, to a non-M/WBE entity.

Contractor and SDVOB Subcontractor certify that SDVOB Subcontractor will perform the above scope of work and will not subcontract its work, in whole or in part, to a non-SDVOB entity.

**CONTRACTOR**

**M/WBE SUBCONTRACTOR**

\_\_\_\_\_  
 Print Name of Principal or Officer

\_\_\_\_\_  
 Print Title of Principal or Officer

\_\_\_\_\_  
 Signature of Principal or Officer

\_\_\_\_\_  
 Signature of Principal or Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



**DORMITORY AUTHORITY - STATE OF NEW YORK**  
**Office of Opportunity Programs**

**UPSTATE:** 515 Broadway \* Albany, NY 12207-2964 \* Phone: (518) 257-3706 Fax: (518) 257-3100

**DOWNSTATE:** One Penn Plaza, 52<sup>nd</sup> Floor \* New York, NY \* 10119-0098 \* Phone: (212) 273-5038 Fax: (212) 273-5121

**SDVOB SUBCONTRACTOR**

---

Print Name of Principal or Officer

---

Signature of Principal or Officer

---

Date

UPSTATE: 515 Broadway \* Albany, NY 12207-2964 \* Phone: (518) 257-3706 Fax: (518) 257-3100  
 DOWNSTATE: One Penn Plaza, 52<sup>nd</sup> Floor \* New York, NY \* 10119-0098 \* Phone: (212) 273-5038 Fax: (212) 273-5121

## UTILIZATION PLAN

ORIGINAL Submission  REVISED Submission

A. PRIME INFORMATION: CONTRACTOR  CONSULTANT  VENDOR

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

PROJECT INFORMATION: Project Number: \_\_\_\_\_ Work Authorization# (if applicable) \_\_\_\_\_

Contract / Bid Number: \_\_\_\_\_ Contract / Bid Amount: \$ \_\_\_\_\_  
 MBE Goal % \_\_\_\_\_ \$ \_\_\_\_\_ WBE Goal % \_\_\_\_\_ \$ \_\_\_\_\_

Facility Name: \_\_\_\_\_  
 Building(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Description: \_\_\_\_\_

**1. Schedule of proposed subcontract work:**

Trade/Service	Amount	Trade/Service	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**2. Description of Equipment, Materials or Supplies**

Description of Equipment, Materials or Supplies	Estimated Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## UTILIZATION PLAN

B. List ALL subcontractors and suppliers you plan to utilize during the performance of this contract:

**\*\*\* NOTE:** *A completed Scope Verification Form AAP 10.0 (06/10) must accompany this Utilization Plan for each M/WBE and SDVOB subcontractor listed. A blank form is included in the Contract Documents. Incomplete or non-submittal of the form(s) will delay approval of the Utilization Plan.*

- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER

## UTILIZATION PLAN

(subcontractor/supplier continuation page)

- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER
  
- Firm Name: Value of Proposed Award: \$  
Address: Fed ID No.  
City: State: Zip: Estimated Start Date:  
Contact Person: Telephone:  
Email Address: Type of Firm:  MBE  WBE  SDVOB  
Work Description:  OTHER

## UTILIZATION PLAN

(subcontractor/supplier continuation page)

- |   |  |
|---|--|
| ▪ Firm Name:<br>Address:<br>City:        State:        Zip:<br>Contact Person:<br>Email Address:<br>Work Description: | Value of Proposed Award: \$<br>Fed ID No.<br>Estimated Start Date:<br>Telephone:<br>Type of Firm: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB<br><input type="checkbox"/> OTHER |
|---|--|
- |   |  |
|---|--|
| ▪ Firm Name:<br>Address:<br>City:        State:        Zip:<br>Contact Person:<br>Email Address:<br>Work Description: | Value of Proposed Award: \$<br>Fed ID No.<br>Estimated Start Date:<br>Telephone:<br>Type of Firm: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB<br><input type="checkbox"/> OTHER |
|---|--|
- |   |  |
|---|--|
| ▪ Firm Name:<br>Address:<br>City:        State:        Zip:<br>Contact Person:<br>Email Address:<br>Work Description: | Value of Proposed Award: \$<br>Fed ID No.<br>Estimated Start Date:<br>Telephone:<br>Type of Firm: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB<br><input type="checkbox"/> OTHER |
|---|--|
- |   |  |
|---|--|
| ▪ Firm Name:<br>Address:<br>City:        State:        Zip:<br>Contact Person:<br>Email Address:<br>Work Description: | Value of Proposed Award: \$<br>Fed ID No.<br>Estimated Start Date:<br>Telephone:<br>Type of Firm: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB<br><input type="checkbox"/> OTHER |
|---|--|
- |   |  |
|---|--|
| ▪ Firm Name:<br>Address:<br>City:        State:        Zip:<br>Contact Person:<br>Email Address:<br>Work Description: | Value of Proposed Award: \$<br>Fed ID No.<br>Estimated Start Date:<br>Telephone:<br>Type of Firm: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB<br><input type="checkbox"/> OTHER |
|---|--|

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Type Name of Principal or Officer

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Type Title of Principal or Officer

---

Signature of Principal or Officer

---

Date

## UTILIZATION PLAN

### C. REQUEST FOR WAIVER

TOTAL WAIVER  PARTIAL WAIVER  N/A – GOALS ARE MET

MBE Waiver (%) Requested \_\_\_ WBE Waiver (%) Requested \_\_\_

***NOTE:*** *On Professional Service Term and Construction JOC Contracts, the overall goal percentages are applied to the entire contract dollar value. Therefore, if a waiver is requested for an individual work order, it is your responsibility to make up the shortfall on future work orders in order to maintain the overall M/WBE goal percentage for the contract. In addition, your firm should maintain a record of the M/WBE goal attainment for the overall contract which may be requested by the Owner's Opportunity Programs Group at any given time. Failure to do so may jeopardize the award of future work orders.*

1. Provide a statement of justification to support the request for a waiver of the goal requirements established by the Contract Documents.
  
2. "Good Faith Effort" Guidelines

The following guidelines must be used for the preparation of ALL "good faith effort" documentation. The responses to the information in the Guidelines should be given in an item-by-item format following the numerical sequence as presented and accompany the Utilization Plan.

**IF YOU FAIL TO ADEQUATELY DOCUMENT AND RESPOND TO EACH ITEM ON THE GOOD FAITH EFFORT GUIDELINES, THE REQUEST FOR WAIVER WILL BE DEEMED NON-RESPONSIVE, INCOMPLETE AND WILL BE REJECTED.**

If you need assistance, please contact the Opportunity Programs Group at (518) 257-3706 (Upstate) or (212) 273-5038 (Downstate).

## GOOD FAITH EFFORT GUIDELINES

1. Attach a copy of the completed Utilization Plan in accordance with M/WBE goals established in the Contract Documents.
2. Submit a written request for a referral list of M/WBE's certified by Empire State Development by trade or service from the Opportunity Programs Group for subcontracting and procurement opportunities.
3. Contact all the Empire State Development certified M/WBEs posted in the list of interested subcontractors and suppliers posted on the DASNY's website:  
<http://www.dasny.org/construc/bidops/03C2.php>
4. Provide a record of advertisements placed in general circulation, trade and minority and women oriented publications. Include the name of publications and dates of advertisements.
5. Submit documentation that clearly demonstrates that you contacted all the M/WBEs identified through the outreach activities outlined above to determine their capacity to perform the applicable scope of work.
6. Provide a record of ALL written solicitations made to New York State certified minority and women-owned business enterprises obtained from the directory of certified businesses and/or the outreach efforts specified above. Include dates and copies of solicitation made.
7. Provide a record of ALL responses received from New York State certified minority and women-owned business enterprises to any such advertisements and solicitations made. Include dates and copies of any written responses.
8. Provide a list of any pre-bid, pre-award, or other meetings attended with New York State certified minority or women owned businesses.
9. List the efforts undertaken to subdivide portions of the work into smaller components in order to increase New York State certified minority and women-owned business enterprise participation.
10. Did your firm solicit any New York State certified minority and women-owned business enterprises located outside the region where the scope of work is to be performed? If so, what actions were taken to contact and assess the financial ability of those firms to participate?
11. Provide a description of all relevant contract documents, plans or specifications, or documents describing the scope of work which was made available to New York State certified minority and women-owned business enterprises for the purposes of soliciting their bids. Include the dates and manner in which these documents were made available.
12. Were the same subcontract terms and conditions offered to New York State certified minority and women-owned business enterprises as those offered in the ordinary course of business and to other subcontractors?
13. Did your firm engage in direct in person or telephone negotiations with NYS certified M/WBE firms where quotes originally submitted were deemed as too high?
14. Has your firm made payments for work performed by New York State certified minority and women-owned business enterprises in a timely fashion for past work so as to facilitate continued performance by the certified businesses?
15. List any special considerations and/or concerns, which are preventing adequate New York State certified minority and women-owned business enterprises to participate.

# UTILIZATION PLAN

## D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMATION: CONTRACTOR  CONSULTANT  VENDOR

Name:

Address:

Contact Person:

E-Mail Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

### DISTRIBUTION OF PERMANENT EMPLOYEES

ENTER POSITION OR JOB TITLE	FEMALE EMPLOYEES					MALE EMPLOYEES				
	WHITE	BLACK	AMERICAN NATIVE	HISPANIC	ASIAN	WHITE	BLACK	AMERICAN NATIVE	HISPANIC	ASIAN

EXECUTIVE AND OWNER: For position titles such as President, Partner, Owner, Treasurer, Secretary, etc.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL: For position titles of individuals possessing a License to practice their profession

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

TECHNICAL AND MANAGEMENT: For position titles except Executive and Owner, Professional, and Clerical & Support

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CLERICAL AND SUPPORT:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Type Name of Principal or Officer

\_\_\_\_\_  
Type Title of Principal or Officer

\_\_\_\_\_  
Signature of Principal or Officer

\_\_\_\_\_  
Date

**UTILIZATION PLAN**

**E. STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

**PRIME INFORMATION:** CONTRACTOR  CONSULTANT  VENDOR

Name:

Address:

Contact Person:

E-Mail Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

**PROJECT INFORMATION:**

Facility Name:

Building (s):

Address:

City:

County:

Zip:

Work Description:

**Project Number:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

The following is a statement of \_\_\_\_\_'s commitment to provide participation by minority persons and women in the workforce at the above referenced project:

\_\_\_\_\_ will ensure and maintain a working environment free of harassment, intimidation and coercion and shall specifically ensure that all foremen, superintendents and other supervisory personnel are aware of and carry out our commitment to maintain such a working environment.

\_\_\_\_\_ will establish and maintain a current list of minority and women recruitment sources and notify such sources and minority and community organizations when employment opportunities are available and maintain a record of the sources and organizations' responses.

\_\_\_\_\_ will maintain a file of the names and address of each minority person and woman referred to it by any individual, recruitment source or community organization and of what action was taken with respect to each such referred individual. If the individual was not employed, the file will contain the reasons.

\_\_\_\_\_ will promptly notify the DASNY when the union or unions with which we have a collective bargaining agreement has not referred to us a minority person or woman sent by us to such a union for employment in the work or when it has other information that the union referral process has impeded efforts to meet its obligations.

\_\_\_\_\_ will disseminate this equal employment opportunity policy statement within the organization and will provide all subcontractors with a copy, discussing it with them prior to commencing work at the job site. A copy of our equal employment policy shall be posted at the job site at all times.

\_\_\_\_\_  
Type Name of Principal or Officer

\_\_\_\_\_  
Type Title of Principal or Officer

\_\_\_\_\_  
Signature of Principal or Officer

\_\_\_\_\_  
Date

**F. MWBE COMPLIANCE STATEMENT**

The following is a statement of \_\_\_\_\_'s commitment to comply with DASNY's MWBE program goals and objectives:

- \_\_\_\_\_ will ensure that MWBE subcontractors and vendors on the project are experienced and qualified to perform the required work.
- \_\_\_\_\_ will ensure that MWBE subcontractors and vendors on the project perform a commercially useful function.
- \_\_\_\_\_ will maintain a file of the names, addresses and telephone numbers of each MWBE subcontractor and vendor contacted to perform on the project, the date of contact and their response.
- \_\_\_\_\_ will not seek credit for the participation of MWBE subcontractors and vendors in excess of the amount allowed by DASNY's MWBE program guidelines.
- \_\_\_\_\_ will notify and obtain written approval from DASNY for any changes in this Utilization Plan.

\_\_\_\_\_  
Type Name of Principal or Officer

\_\_\_\_\_  
Type Title of Principal or Officer

\_\_\_\_\_  
Signature of Principal or Officer

\_\_\_\_\_  
Date

Subscribed and sworn to before me in the State of \_\_\_\_\_  
County of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

ID No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**G. DASNY REVIEW AND APPROVAL**

**DASNY Opportunity Programs Group**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**DASNY Project Manager**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## Appendix A

### **DORMITORY AUTHORITY – STATE OF NEW YORK Monthly/Quarterly WORK FORCE UTILIZATION REPORT**

#### **Monthly / Quarterly WORK FORCE UTILIZATION REPORT**

Executive Order No. 162, issued by Governor Andrew Cuomo on January 9, 2017, requires Prime Contractors and included Subcontractors awarded State contracts after June 1, 2017 to submit a completed Monthly Workforce Utilization Report for contracts with a total contract value of One-Hundred Thousand 00/100 Dollars (\$100,000) or more for real property renovations and construction. Contracts for labor, services, equipment, materials or any combination of the foregoing with a total value of Twenty-Five Thousand 00/100 Dollars (\$25,000.00) or more are required to submit a completed Quarterly Workforce Utilization Report. The Prime Contractor is responsible for collecting reports from each of its included Subcontractors performing work on the contract, ensuring that the Subcontractor submits the report as required. Solely for the purposes of this reporting requirement, “Subcontractors” shall include any entity engaged in a contract with a Prime Contractor to provide services directly to or on behalf of the Prime Contractor on a State contract. Solely for the purposes of this reporting requirement, “Subcontractors” shall not include any entity providing exclusively goods and transportation directly to or on behalf of the Prime Contractor on a state contract.

All Monthly/Quarterly Workforce Utilization Reports are to be submitted within 10 days of the end of each month/quarter. Instructions for Submitting the Report and Frequently Asked Questions are posted on the DASNY website at <https://www.dasny.org/tools-forms/forms>, and may be accessed by clicking on MWSBE. The completed reports are to be submitted to DASNY’s Opportunity Programs Group by emailing the Excel workbook files to [EO162Reporting@dasny.org](mailto:EO162Reporting@dasny.org). Hard copies of the reports will not be accepted.

If you have any questions or require assistance in completing the Report, please contact Kim Kreski at [KKRESKI@DASNY.org](mailto:KKRESKI@DASNY.org), (518) 257-3706 (Upstate projects) or Cher Parker at [Cparker@DASNY.org](mailto:Cparker@DASNY.org), (212) 273-5038 (Downstate projects).